

# MISSOURI DEAFBLIND TECHNICAL ASSISTANCE PROJECT

**Professional Training Course: HAND IN HAND**  
***UNDERSTANDING DEAFBLINDNESS FOR EDUCATION TEAMS OF***  
***STUDENTS WHO ARE DEAFBLIND***

# TEAM REGISTRATION FORM

*Please complete this registration form - one per team - and forward it to:*

**Susan Bonner; Missouri School for the Blind; 3815 Magnolia Ave; St Louis, Missouri 63110; (314) 776-4320 Ext: 3255; Fax: (314) 773-3762, [susan.bonner@msb.dese.mo.gov](mailto:susan.bonner@msb.dese.mo.gov)**

Registration is due by: **Wednesday, October 12, 2011**

We understand that participation requires a great deal of effort from each individual team member. We are also convinced that your team sees this training as a great benefit to your student and your school. To help ensure that your team's participation is supported by your administrator, we have included this commitment letter that needs the signatures of all members of your team along with that of your administrator.

By completing and returning this form, your team is agreeing to complete all the requirements of the Hand In Hand course. The course requirements are:

1. Reading all assigned chapters in the course text: *Understanding Deafblindness*
2. Attending *all three* onsite sessions at Cape Girardeau School District, 301 N. Clark St., Cape Girardeau, Missouri on the following dates: October 26-28, 2011; January 25-26, 2012; and April 18-19, 2012.
3. Completing the three course assignments
4. Developing and implementing action plans
5. Meeting monthly with the Hand In Hand mentor assigned to your team to assist in the implementation of action plans and the application of the knowledge acquired in this course to the student you serve.

NOTE: Mentoring format will be flexible to meet the needs of the team such as: observing team members working with student and providing feedback, reviewing with team members after school – in person and/or by phone – the progress in the implementation of action plan activities, and so on.

*Please arrange your schedules to be free from interruption while attending the three onsite sessions.*

**Name and age of the student with deafblindness served by this team:** \_\_\_\_\_

Is this student reported on the Federal Deafblind Census through the Missouri Deafblind Technical Assistance Project?

If "NO" or if you are unsure, please contact Susan Bonner: (314) 776-4320 x 3255.

**NOTE: If registering by fax, fax both sides of this form  
OVER (This form continues on other side)**

Administrator's approval signature and date:

\_\_\_\_\_

Team members' printed names, role on the team and signature (Signature shows that member has read requirements for the course):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

School and Program Name: \_\_\_\_\_

School/Program Address: \_\_\_\_\_

\_\_\_\_\_

Daytime phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Does anyone on the team need access accommodations? YES NO

If "YES", please indicate needed accommodations:

\_\_\_\_\_ Interpreter, *please circle type needed:*

ASL ASL/Tactile Transliteration Transliteration/Tactile Oral

\_\_\_\_\_ Braille materials (*Please see **Ordering Understanding Deafblindness Materials and Course Accessibility** in the registration materials.*)

\_\_\_\_\_ Large Print (*Please see **Ordering Understanding Deafblindness Materials and Course Accessibility** in the registration materials.*)

\_\_\_\_\_ Other, *please describe:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### IMPORTANT REMINDERS:

1. *The team's Team Registration forms along with a signed Release of Information form for the team's student must accompany this form in order for your team's registration to be processed. Please complete all forms.*
2. *All registration forms are due by Wednesday, October 12, 2011, to:*  
Susan Bonner, (314) 773-3762 – fax, [susan.bonner@msb.dese.mo.us](mailto:susan.bonner@msb.dese.mo.us)